

ELECTRONIC OPF USER REQUEST FORM

USER INFORMATION TO BE COMPLETED BY USER:

FULL NAME: _____
OFFICIAL TITLE: _____
ASSIGNED ACTIVITY: _____ ASSIGNED ORG CODE (OFFICE SYMBOL): _____
SOCIAL SECURITY NO: _____ E-MAIL ADDRESS: _____
PHONE (INCLUDE AREA CODE AND DSN): _____

USER ACCESS INFORMATION TO BE COMPLETED BY SUPERVISOR:

USER TO HAVE ACCESS AS(CHECK ONLY ONE): SYS ADMIN _____ CSOCNC USER _____ CSOC USER _____
ELECTRONIC OPF USER CAPABILITIES (CHECK ALL THAT APPLY): VIEW _____ PRINT _____
RECORDS (BY CCPO ID) THE USER WILL NEED ACCESS (CHECK ALL THAT APPLY):

H1 (CSONC)	H2(HQ COMPLEX)	H3 (DCMA-W)	H5 (DSCR)	H6 (DSCC)
H1 All _____ Activity _____ Org _____ Activity _____ Org _____	H2 All _____ Activity _____ Org _____ Activity _____ Org _____	H3 All _____ Activity _____ Org _____ Activity _____ Org _____	H5 All _____ Activity _____ Org _____ Activity _____ Org _____	H6 All _____ Activity _____ Org _____ Activity _____ Org _____
H7 (DRMS/DLIS)	H8 (DCMA-E)		H9 (DSCP)	J8 (CSOC)
H7 All _____ Activity _____ Org _____ Activity _____ Org _____	H8 All _____ Activity _____ Org _____ Activity _____ Org _____		H9 All _____ Activity _____ Org _____ Activity _____ Org _____	J8 All _____ Activity _____ Org _____ Activity _____ Org _____

PRIVACY ACT STATEMENT

Public Law 99-474, counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorized collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your SF-50 User Account Request. Disclosure of records or the information contained therein may be specifically disclosed outside the DOD according to the "Blanket routine Uses" set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

USER AGREEMENT:

By signing this form I certify to understand the following:
I must always sign off as soon as I have completed my work or I am leaving my workstation.
No one is authorized to use my ACCOUNT ID and PASSWORD. This is a security violation.
I must change a Temporary Password the first time I sign on to the system.
I must report all problems with my ACCOUNT ID and PASSWORD to my
Terminal Area Security Officer (TSO).
I must report all security violations to my TASO or the Information System Security Officer.

USER SIGNATURE: _____ DATE: _____

SUPERVISOR AGREEMENT:

I recognize my employee requires access to this computer application and has been trained on the Privacy Act of 1974.

SUPERVISOR'S SIGNATURE: _____ DATE: _____

ELECTRONIC OPF USER ACKNOWLEDGEMENT

ASSIGNED INFORMATION TO BE COMPLETED BY SYSTEM ADMINISTRATOR:

USER ID: _____

TEMPORARY PASSWORD: _____

SYSTEM ADMINISTRATOR CERTIFICATION OF COMPLETION:

SYSTEM ADMINISTRATOR SIGNATURE

DATE

**PLEASE CHANGE TEMPORARY PASSWORD UPON
RECEIPT OF THIS ACKNOWLEDGEMENT.
FAILURE TO DO SO MAY RESULT IN
DEACTIVATION OF YOUR ACCOUNT.**

